

STATE OF HAWAII					PAGE _____ of _____			
RENTED EQUIPMENT SUMMARY RECORD								
1. APPLICANT (DEPT/DIV)			2. PA ID	3. PW #		4. DATE OF LOSS:		
5. LOCATION/SITE:			6. CATEGORY		7. PERIOD COVERING			
8. DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT		DATES AND	RATE PER HOUR		TOTAL COST		DATE AND	
Indicate size, capacity, horsepower, make & model		HOURS USED	W/OPR	W/OUT OPR	VENDOR	INVOICE NO.	AMT. PAID	CHECK NO.
							GRAND TOTAL	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED			TITLE					